

Foster Family Home - Deficiency Report

Provider ID: 1-559346

Home Name: Marina Gamatero, CNA

Review ID: 1-559346-15

94-095 Hulahe Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/29/2023

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

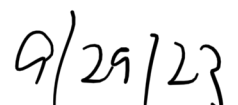
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

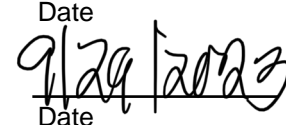
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date